



Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2043
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Cover Sheet for Advanced Practice Nurse Collaborative Agreement

1. Name of Facility: _____

2. Name of Advanced Practice Nurse: _____

3. Indiana License Number for RN and Certification for Advanced Practice Nurse (RN/APN/CSR): _____

4. Type of Request (Check One):

_____ New Collaborative Agreement _____ Additional Collaborative Agreement

5. For any Collaborative Agreements, are the following included:

_____ Name, business address, home address, zip codes, telephone numbers and license numbers for APN and physician

_____ Coverage Clause Included

_____ Review Clause Included

6. For changes in Collaborative Agreements, please place a check next to the type(s) and include a detailed cover letter on letterhead which indicates exactly which physicians you are adding/deleting/keeping, which locations you are adding/deleting/keeping and the date the changes should take effect:

_____ Add Physician to existing Agreement with no other changes

_____ Delete Physician from existing Agreement with no other changes

_____ Change Physicians on existing Agreement with no other changes

_____ Add locations to existing Agreement with no other changes

_____ Delete locations to existing Agreement with no other changes

_____ Change location to existing Agreement

_____ Cancel Current CSR

_____ Request to Update CSR

****Please Note: If you do not have a CSR and you intend to administer and dispense controlled substances, you must fill out the CSR application, pay the fee and complete the requirements including but not limited to the criminal background check.****